

APPENDIX A

Child Care Facility Fund (CCFF) Department of Early Learning (DEL) Response

CCFF Provider/Business Applicant fill out this section

Child Care Provider/
Business Applicant _____

Contact Name _____

Address _____
Street Address City Zip

Signature Telephone Number

DEL Child Care Center Licensor please fill out this section

The above named Applicant has requested Child Care Facility Fund financial assistance for a child care project. Please check all appropriate boxes in regard to this Provider/Business Applicant, to the best of your knowledge. *Thank you!*

CCFF Applicant has current DEL Child Care Home Provider License ☐ Yes ☐ No

CCFF Applicant has current DEL Child Care Center License ☐ Yes ☐ No

CCFF Applicant has contacted DEL Center Licensor in regard to this project ☐ Yes ☐ No

CCFF Applicant has Center License application in process (submitted) ☐ Yes ☐ No

Provided all licensing requirements are met, this project *may* receive a Child Care Center License from DEL. **Note: This document implies no guarantee of DEL Child Care Center Licensing.**

Signature of DEL Licensor Telephone Number

Title Date

Additional Licensor Comments (optional): _____

Attention DEL Licensor:

Please FAX then mail completed form to:

FAX 360-586-3098

Phone 360-725-4045

Tom Stilz, CCFF Staff, phone (360) 725-4045

Tom Stilz

COMMERCE/CCFF Program Manager

PO Box 42525

Olympia, WA 98504-2525

Thank you!